MDR Tracking Number: M5-04-0749-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 11-07-03. The fee issues were withdrawn by ___ on 02-04-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits with manipulation, office visits, hot/cold pack therapy, electrical stimulation, functional capacity exam, prolonged E/M, unlisted modality and myofascial release on 11-08-02 through 08-15-03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 11-08-02 through 08-15-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 6th day of February 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

January 30, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION**

**MDR Tracking #: M5-04-0749-01**

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement.

The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 32 year-old male who sustained a work related injury on ___. The patient reported that while at work he was carrying a 50 lb. bag of salt when he stepped into a hole in the ground. An MRI dated 4/11/02 showed disc bulging at L3-L4 and L4-L5. The diagnoses for this patient have included lumbar radiculopathy, radiculitis, IVD prolapse, protrusion, herniation, rupture, cervical radiculitis and cervical sprain/strain. Electrodiagnostic studies dated 3/26/02 showed denervation potentials in the left peroneus and extensor digitorum brevis along with asymmetry in the left peroneal F wave versus the right and clinical findings all correlating to the left sided mild L5 raciculopathy. Treatment for this patient's condition have included chiropractic manipulation, physical therapy, trigger point injections and facet injections.

Requested Services

Office visits with manipulation, office visits, hot cold pack therapy, electrical stimulation, functional capacity exam, prolonged e/m, unlisted modality, myofasical release from 11/8/02 through 8/15/03.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 32 year-old male who sustained a work related injury to his back on ___. The ___ chiropractor reviewer also noted that the diagnoses for this patient have included lumbar radiculopathy, radiculitis, IVD prolapse, protrusion, herniation, rupture, cervical radiculitis and cervical sprain/strain. The ___ chiropractor reviewer further noted that treatment for this patient's condition has included chiropractic manipulation, physical therapy, trigger point injections and facet injections. The ___ chiropractor reviewer indicated that the patient had been treated with extensive chiropractic treatment and trigger point injections for his condition. The ___ chiropractor reviewer explained that the patient continued to complain of pain on all visits from 11/8/02 through 8/15/03. The ___ chiropractor reviewer indicated that the documentation provided did not demonstrate a change in this patient's condition with treatment. The ___ chiropractor reviewer also indicated that the treatment rendered does not meet the TWCC guidelines of eliminating or curing the condition, or returning the patient to work. Therefore, the ___ chiropractor consultant concluded that the office visits with manipulation, office visits, hot cold pack therapy, electrical stimulation, functional capacity exam, prolonged e/m, unlisted modality, myofasical release from 11/8/02 through 8/15/03 were not medically necessary to treat this patient's condition.

Sincerely,